

# Uniform Disclosure of Assisted Living Services & Amenities (UDALSA)

This is a required document per [144G.40 Subd. 2 \(www.revisor.mn.gov/statutes/cite/144G.40\)](http://www.revisor.mn.gov/statutes/cite/144G.40) of all assisted living facilities to describe the services, supports, and amenities available at the assisted living facility. Prospective residents and their families can use this tool to determine if the assisted living facility can meet their needs, allow them to compare options among various settings, and make informed decisions about selecting an assisted living facility setting. The information presented here may be important for a resident's ability to age in place. Assisted living facilities are not required to provide all the services listed, and available services are subject to change. The facility will indicate which services are provided and any limitations that may pertain to the service.

You are also encouraged to tour facilities, talk with other residents, residents' family members, or meet one-on-one with facility staff during the selection process. The disclosure checklist is not a substitute for the assisted living contract, which is a separate document that will include the specific services to be provided to the individual resident and the fees per services.

## General Information

This information is current as of (MM/DD/YYYY): 08/26/2025

Name of Assisted Living: AMBER CREST HEALTH LLC

HFID: \_\_\_\_\_

Unique building/unit description (if applicable): \_\_\_\_\_

Facility Address: 927 Charles Ave, Saint Paul, MN 55104

If services are provided at more than one building (on the assisted living campus), please list all locations below.

☐ No additional buildings

Additional Building:

Building Name (if applicable): \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

Additional Building:

Building Name (if applicable): \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

Additional Building:

Building Name (if applicable): \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

Facility/Campus listed above has the following license; Check one:

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☒ Assisted Living Facility License

☐ Assisted Living Facility with Dementia Care License

Availability of Unlicensed Staff (ULP); check one:

☒ Unlicensed staff are in the building and available to respond to resident requests 24/7

☐ Unlicensed staff may either be in the building, in an attached building, or within the campus and available to respond to resident requests 24/7

Availability of Licensed (RN/LPN) Staff (in *addition* to an RN who is required to be accessible to the staff 24/7); check one if applicable:

☒ Licensed staff are on site 24/7

☐ Licensed staff are either in the building, an attached building, or within the campus and available to respond to resident requests 24/7

Number of unlicensed direct care staff typically scheduled per shift:

Day Shift: 5

Evening Shift: 5

Night shift: 2

### Payment Options

The facility will indicate by placing an "X" in the "Accepted" column if the payment option is accepted (may check more than one). The facility may indicate in the "Comments" column if a pre-determined length of private funds payment source is required before acceptance of Medicaid or waived service funds as well as the number of months required.

#### Payment Options for Housing Contract

| Payment Option                                                          | Accepted | Comments                                                                                  |
|-------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------|
| Private Pay                                                             | X        | Private pay for those on MA waivers but not qualified for housing support.                |
| Sliding Scale                                                           |          |                                                                                           |
| Housing Support (formerly Minnesota Group Residential Housing) Payments | X        | The site works with each resident to address the unique circumstances of their situation. |
| Federal rent subsidy                                                    |          |                                                                                           |
| Other; explain:                                                         |          |                                                                                           |

**Payment Options for Services**

| Payment Option                                            | Accepted | Comments                                                                                  |
|-----------------------------------------------------------|----------|-------------------------------------------------------------------------------------------|
| Waivered Services (EW, CADL, BI); specify any limitations | X        |                                                                                           |
| Private Pay                                               | X        |                                                                                           |
| Long Term Care Insurance                                  | X        | The site works with each resident to address the unique circumstances of their situation. |
| Other; explain:                                           |          |                                                                                           |

**Services and Amenities Available**

Below is a list of services that are available to assisted living residents. The facility will indicate by placing a “yes” or “X” in the “Available” column if the service is provided or available at/on the campus/unit of the location listed above. If the “Available” column is blank, the facility does **not** provide that service.

**Section 1: Dementia Care****Pertains only to facilities with an Assisted Living with Dementia Care license**

Check each service available at the location(s) listed above.

**Dementia Care Services Available**

| Service                                                                        | Available | Comments |
|--------------------------------------------------------------------------------|-----------|----------|
| Secured unit or building for wandering or exit-seeking behavior                |           |          |
| Secured outdoor grounds on facility premises                                   |           |          |
| Individualized digital/alarm monitoring for wandering or exit-seeking behavior | X         |          |
| Prepared to manage challenging behaviors                                       | X         |          |
| Other; specify:                                                                |           |          |

## Section 2: Medication Management

Check each service available at the location(s) listed above.

### Medication Management Services Available

| Service                                                                                                        | Available | Comments                             |
|----------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------|
| Verbal or visual reminders to take regularly scheduled medications; specify any limit to frequency in comments | X         |                                      |
| Communication with physician/pharmacy about ordering or refill requests                                        | X         |                                      |
| Medication administration by licensed or unlicensed personnel                                                  | X         |                                      |
| Delivery of medication to resident previously set up by the facility nurse                                     | X         |                                      |
| Medications set up by nurse for resident to self-administer                                                    | X         |                                      |
| Delivery of medication from the original containers to resident                                                | X         | May repackage medications per policy |
| Delivery of liquid or food to resident if required to ingest medication                                        | X         |                                      |
| Delegation of medication management services by licensed health professional to unlicensed staff               | X         |                                      |
| Central storage of medication                                                                                  | x         |                                      |
| Diabetic Care: insulin pen dosing                                                                              | x         |                                      |
| Diabetic Care: insulin pump management                                                                         | x         |                                      |
| Diabetic Care: insulin syringe dosing                                                                          | x         |                                      |
| Diabetic Care: sliding scale insulin management                                                                | x         | For scheduled insulin only           |
| Clinical monitoring of labs related to medications                                                             | x         | With insulin pens only               |
| Anticoagulant medication management                                                                            | x         |                                      |
| B-12 injections                                                                                                | x         |                                      |

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| Service                                                            | Available | Comments                                                                 |
|--------------------------------------------------------------------|-----------|--------------------------------------------------------------------------|
| Nutritional supplement administration                              | x         |                                                                          |
| (IV) Intravenous management                                        | x         |                                                                          |
| PICC lines (Peripherally Inserted Central Catheter)                | x         |                                                                          |
| Injections; specify types or limits in comments (IM, SQ)           | x         | IM and SQ - Available when unit is staffed with a nurse (except insulin) |
| Nebulizers                                                         | x         |                                                                          |
| Inhalers                                                           | x         |                                                                          |
| Ear drops                                                          | x         |                                                                          |
| Eye drops                                                          | x         |                                                                          |
| Topicals                                                           | x         |                                                                          |
| Patches                                                            | x         |                                                                          |
| Medication delivery via enteral (feeding) tube                     |           |                                                                          |
| Pain pump management                                               |           |                                                                          |
| Medical cannabis administration (pill form) for certified patients |           |                                                                          |
| Medical Cannabis storage for certified patients                    |           |                                                                          |
| Cannabidiol oil administration for certified patients              |           |                                                                          |
| Other; specify:                                                    |           |                                                                          |

## Section 3: Treatments & Therapies

Check each service available at the location(s) listed above.

### Treatments & Therapies Available

| Service                                                                           | Available | Comments                                                                           |
|-----------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------|
| Verbal or visual reminders to perform regularly scheduled treatments or exercises | x         |                                                                                    |
| Wound care: basic                                                                 | x         |                                                                                    |
| Wound care: complex                                                               | x         | Individualized based on the type of wound, treatment and dressing change frequency |
| Diabetic care: blood glucose monitoring                                           | x         |                                                                                    |
| Diabetic care: foot/nail care                                                     | x         |                                                                                    |
| C-PAP                                                                             | x         | Not life sustaining                                                                |
| Bi-PAP                                                                            | x         | Not life sustaining                                                                |
| Oxygen Management; specify any delivery system limitations                        | x         | Up to 5L/min and determined stable by provider/site RN (exception: Hospice)        |
| Oxygen saturation checks                                                          | x         |                                                                                    |
| Ventilators                                                                       |           |                                                                                    |
| Suctioning                                                                        |           |                                                                                    |
| Tracheostomy Care: cleaning of site and tube                                      |           |                                                                                    |
| Tracheostomy Care: showering assistance                                           |           |                                                                                    |
| Tracheostomy Care: suctioning assistance                                          |           |                                                                                    |
| Pacemaker Checks                                                                  | X         |                                                                                    |
| Arrange for On-Site Dialysis                                                      |           |                                                                                    |
| Arrange for/set-up Off-Site Dialysis                                              | X         |                                                                                    |

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| Service                                                    | Available | Comments                                                                    |
|------------------------------------------------------------|-----------|-----------------------------------------------------------------------------|
| Peritoneal Dialysis (on-site)                              |           |                                                                             |
| Compression stockings                                      | X         |                                                                             |
| Lymphedema wraps                                           | X         | Unable to apply wraps but able to monitor and observe                       |
| Fall Prevention: balance assessments                       | X         | Offered through therapy or wellness programs (additional charges may apply) |
| Fall Prevention: exercise programs                         | X         | Offered through therapy or wellness programs (additional charges may apply) |
| Fall Prevention: strength training                         | X         | Offered through therapy or wellness programs (additional charges may apply) |
| Integrative Health Services: acupuncture                   |           |                                                                             |
| Integrative Health Services: aromatherapy                  |           |                                                                             |
| Integrative Health Services: healing touch                 |           |                                                                             |
| Integrative Health Services: massage                       |           |                                                                             |
| Blood pressure checks                                      | X         |                                                                             |
| Daily weight check                                         | X         |                                                                             |
| Indwelling urinary catheter care; emptying and bag changes | X         |                                                                             |
| Indwelling urinary catheter replacement by nurse           | X         |                                                                             |
| Straight (intermittent) catheter assistance                | X         | Individualized based on the frequency required                              |
| Suprapubic catheter care                                   |           |                                                                             |
| Ostomy care                                                |           |                                                                             |
| Arrangements for and coordination with hospice care        |           |                                                                             |
| End-of-life palliative care                                |           |                                                                             |

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| Service                                                                    | Available | Comments                                                               |
|----------------------------------------------------------------------------|-----------|------------------------------------------------------------------------|
| Access to and training on use of automatic electronic defibrillators (AED) | X         | Trained staff available while building is staffed with a nurse on site |
| Training of and use of Cardiopulmonary Resuscitation (CPR)                 | X         | Trained staff available while building is staffed with a nurse on site |
| Other; specify:                                                            |           |                                                                        |

### Section 4: Assistance with Activities of Daily Living

Check each service available at the location(s) listed above.

#### Assistance with Daily Living Activities Available

| Service                                                           | Available | Comments                           |
|-------------------------------------------------------------------|-----------|------------------------------------|
| Dressing                                                          | X         |                                    |
| Bathing: shower                                                   | X         |                                    |
| Bathing: bathtub                                                  | X         |                                    |
| Oral hygiene                                                      | X         |                                    |
| Denture care                                                      | X         |                                    |
| Cuing/reminders for self-cares                                    | X         |                                    |
| Use of special utensils                                           | X         | Equipment not provided by the site |
| Feeding assistance for residents with complicated eating problems | X         |                                    |
| Set-up and cut food at meals                                      | X         |                                    |
| Manual Feeding; specify limits in comments                        | x         |                                    |
| Tube Feeding; specify limits in comments                          |           |                                    |
| Feeding in common area with one staff member per resident         |           |                                    |

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| Service                                                                   | Available | Comments                                     |
|---------------------------------------------------------------------------|-----------|----------------------------------------------|
| Feeding in resident's apartment with one staff member per resident        | x         |                                              |
| Grooming: hair care, make-up, shaving, application of lotion, etc.        | x         |                                              |
| Nail care: toenails, fingernails                                          | x         |                                              |
| Toileting: standby assistance/supervision                                 | x         |                                              |
| Changing incontinence products; perineal care                             | x         |                                              |
| Ordering replacement incontinence products                                | x         |                                              |
| Assistance with bowel and bladder control, devices, and training programs | x         | Dependent on the device and training program |
| Other; specify:                                                           |           |                                              |

### Section 5: Mobility Support

Check each service available at the location(s) listed above.

#### Mobility Services Available

| Service                                 | Available | Comments |
|-----------------------------------------|-----------|----------|
| Standby Assistance                      | x         |          |
| Transfers with assist of one staff      | x         |          |
| Transfers with assist of two staff      |           |          |
| Transfers utilizing sit-to-stand lifts  |           |          |
| Transfers utilizing sliding boards      | x         |          |
| Transfers utilizing bariatric equipment |           |          |
| Ceiling lift transfers                  |           |          |

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| Service                               | Available | Comments |
|---------------------------------------|-----------|----------|
| Non-mechanical transfers (trapeze)    | x         |          |
| Mechanical lift: assist of 1 transfer |           |          |
| Mechanical lift: assist of 2 transfer |           |          |
| Ambulation with assist of 1           |           |          |
| Bed mobility                          |           |          |
| Assistance with chair mobility        | x         |          |
| Chair Glide System                    |           |          |
| Mechanical Stair Lift System          |           |          |
| Handrails; in personal space          | x         |          |
| Elevators                             |           |          |
| Other; specify:                       |           |          |

### Section 6: Security & Monitoring

Check each service/option available at the location(s) listed above.

#### Security and Monitoring Services

| Service                        | Available | Comments |
|--------------------------------|-----------|----------|
| Every 15-minutes safety checks |           |          |
| Every 30-minutes safety checks |           |          |
| Hourly safety checks           | x         |          |
| Every two-hours safety checks  | x         |          |

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| Service                                                                   | Available | Comments                                           |
|---------------------------------------------------------------------------|-----------|----------------------------------------------------|
| Daily safety checks                                                       | x         |                                                    |
| Emergency call system; specify type in comments                           | x         | Nurse call system                                  |
| Non-emergency call system; specify type in comments                       | x         | Telephone service provided as part of rent         |
| Digital wander alert device on resident                                   |           |                                                    |
| Wander alert system at facility exits                                     |           |                                                    |
| Staff monitoring at facility exits; specify method in comments            | x         | Door alarms will be installed                      |
| Visitor check-in/check-out at facility main entrance                      | x         |                                                    |
| Bed alarms or movement sensing technology                                 |           |                                                    |
| Door sensors: specify locations (unit, resident room, exits, etc.)        | x         | Secured doors                                      |
| Security Guard                                                            |           |                                                    |
| Security cameras in common spaces                                         | x         | Some corridors and vestibules                      |
| Key card/fob access: specify locations (unit, resident room, exits, etc.) |           |                                                    |
| Other lock systems: specify locations (unit, resident room, exits, etc.)  | x         | Resident rooms, storage lockers and exterior doors |
| Emergency generator(s) to power the facility during power outages         |           |                                                    |
| Other; specify:                                                           |           |                                                    |

## Section 7: Dining and Nutrition

Check each service/option available at the location(s) listed above.

### Dining and Nutrition Services

| Service                                             | Available | Comments                                                                                |
|-----------------------------------------------------|-----------|-----------------------------------------------------------------------------------------|
| Three meals available, plus snacks                  | Required  |                                                                                         |
| Breakfast available in community space              | x         |                                                                                         |
| Breakfast available; delivered to apartment         |           |                                                                                         |
| Lunch available in community space                  | x         |                                                                                         |
| Lunch available; delivered to apartment             |           |                                                                                         |
| Dinner available in community space                 | x         |                                                                                         |
| Dinner available; delivered to apartment            |           |                                                                                         |
| Meal tray delivery and pick-up from resident's unit | x         |                                                                                         |
| Meal preparation in resident's unit                 | x         |                                                                                         |
| Thickened Liquids; specify limits in comments       | x         | Per MD Order; Nectar (mildly thick), Honey (moderately thick), & Pudding (extrem thick) |
| Modified Texture Diets; specify limits in comments  | x         | Per request/MD Order; Dysphagia Adv (soft& bite sized), Mech Alt (minced&               |
| Therapeutic Diets: cardiac                          |           |                                                                                         |
| Therapeutic Diets: diabetic or calorie controlled   | x         | Consistent Carbohydrate Diet available per resident selection and Physician's Order     |
| Therapeutic Diets: gluten-free                      | x         | Limited Gluten Diet available per resident selection and Physician's Order              |
| Therapeutic Diets: high fiber                       | x         | per resident selection and Physician's Order                                            |
| Therapeutic Diets: low fat/low cholesterol          |           |                                                                                         |
| Therapeutic Diets: low sodium                       | x         | 2gm Sodium Diet available per resident selection and Physician's Order                  |

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| Service                                                            | Available | Comments                                                                      |
|--------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------|
| Therapeutic Diets: no added salt                                   | x         | No Added Salt Diet available per per resident selection and Physician's Order |
| Therapeutic Diets: renal diet                                      | x         | Renal Diet available per resident selection and Physician's Order             |
| Other special diets: kosher                                        | x         | No pork or alcohol                                                            |
| Other special diets: (vegetarian, vegan, etc.) specify in comments | x         | Limited Lactose, Vegetarian, or other dietary needs per resident selection    |
| Dietitian or Nutritionist Services                                 | x         | Available through RD consult                                                  |
| Carbohydrate intake/tracking                                       | x         | May be accommodated for short duration in certain situations                  |
| Meal consumption tracking                                          | x         | ertain situations                                                             |
| Other; specify:                                                    |           |                                                                               |

### Section 8: Supportive Services

Check each service available at the location(s) listed above.

#### Supportive Services Available

| Service                                                        | Available | Comments                                                                         |
|----------------------------------------------------------------|-----------|----------------------------------------------------------------------------------|
| Daily "I'm okay" checks service; specify procedure in comments | x         | Resident list generated from software and checked upon b visual ID or phone call |
| Assistance with meals or food preparation                      | x         |                                                                                  |
| Daily Social and Recreational Services                         | Required  |                                                                                  |
| Housekeeping: bed making                                       | x         |                                                                                  |
| Housekeeping: defrost and clean refrigerator                   | x         |                                                                                  |
| Housekeeping: dusting                                          | x         |                                                                                  |
| Housekeeping: organize closets and drawers                     | x         |                                                                                  |

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| Service                                                                                     | Available | Comments                                             |
|---------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| Housekeeping: trash removal; specify frequency in comments                                  | x         | Provided daily by nursing and weekly by housekeeping |
| Housekeeping: weekly general cleaning (clean floors, sinks, shower/tub, toilet, and vacuum) | x         |                                                      |
| Housekeeping: other; specify in comments                                                    | x         |                                                      |
| Laundry: linen (change bed, launder sheets, towels)                                         | x         |                                                      |
| Laundry: wash, dry, and fold clothing; specify loads per week in comments                   | x         |                                                      |
| Laundry: other; specify in comments                                                         | x         |                                                      |
| Schedule offsite social and recreational activities                                         | x         |                                                      |
| Schedule medical and social service appointments                                            | x         |                                                      |
| Assistance with arranging transportation for personal, social, and recreational activities  | Required  |                                                      |
| Assistance with arranging transportation to medical and social services appointments        | Required  |                                                      |
| Provide transportation to social and recreational activities                                | x         |                                                      |
| Provide transportation to medical and social service appointments                           | x         |                                                      |
| Assistance accessing community resources and social services                                | Required  |                                                      |
| Shopping: facility sponsored                                                                | x         |                                                      |
| Spiritual Care/Religious Services; on-site                                                  |           |                                                      |
| Assistance with bill paying/budgeting                                                       |           |                                                      |
| Communication boards or other supplemental communication devices                            | x         | Equipment and devices not provided by the site       |
| Primary languages spoken by staff                                                           | x         | English                                              |
| Supervision of smoking                                                                      |           |                                                      |

| Service         | Available | Comments |
|-----------------|-----------|----------|
| Other; specify: |           |          |

## Section 9: Staffing

Check each option available at the address location(s) listed above.

### Staffing Available

| Staffing                                                       | Available                           | Comments                        |
|----------------------------------------------------------------|-------------------------------------|---------------------------------|
| One-to-One staffing available                                  | <input checked="" type="checkbox"/> |                                 |
| One-to-One staffing for special circumstances                  | <input type="checkbox"/>            |                                 |
| Overnight companion                                            | <input type="checkbox"/>            |                                 |
| Registered Nurse: on-site “part time”                          | <input type="checkbox"/>            |                                 |
| Registered Nurse: on-site “full time”                          | <input checked="" type="checkbox"/> | Available during business hours |
| Licensed Practical Nurse: on site “part time”                  | <input type="checkbox"/>            |                                 |
| Licensed Practical Nurse: on-site “full time”                  | <input type="checkbox"/>            |                                 |
| Assisted Living Director: on-site “part time”                  | <input type="checkbox"/>            |                                 |
| Assisted Living Director: on site “full time”                  | <input checked="" type="checkbox"/> | Available during business hours |
| Advanced Practice Registered Nurse: on-site “part time”        | <input type="checkbox"/>            |                                 |
| Advanced Practice Registered Nurse: on site “full time”        | <input type="checkbox"/>            |                                 |
| Activities Director: Part Time                                 | <input type="checkbox"/>            |                                 |
| Activities Director: Full Time                                 | <input checked="" type="checkbox"/> | Available during business hours |
| Dietician/Nutritionist consultant available or can be arranged | <input checked="" type="checkbox"/> |                                 |

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| Staffing                                                                                          | Available | Comments                                              |
|---------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------|
| Physical Therapist available or can be arranged                                                   | x         | As needed                                             |
| Respiratory Therapist available or can be arranged                                                | x         | As needed                                             |
| Occupational Therapist available or can be arranged                                               | x         | As needed                                             |
| Speech Language Pathologist available or can be arranged                                          | x         | As needed                                             |
| Social Worker available or can be arranged                                                        | x         | As needed                                             |
| Other Licensed Professional available; specify type in comments                                   | x         | NP can be arranged for residents followed by Genevive |
| Other; specify: Psychological, podiatry, dental, audiological, optometry services can be arranged |           |                                                       |

### Section 10: Amenities

Check each option available at the location(s) listed above.

#### Amenities Available

| Amenity                                          | Available | Comments                                      |
|--------------------------------------------------|-----------|-----------------------------------------------|
| Accessible bathrooms; specify limits in comments | x         |                                               |
| Private units                                    | x         |                                               |
| Semi-private units                               |           |                                               |
| Studio/efficiency units                          |           |                                               |
| One-bedroom units                                | x         |                                               |
| Two-bedroom units                                | x         |                                               |
| Kitchen/Kitchenettes in units                    | x         |                                               |
| Internet access                                  | x         | Guest network provided through cable provider |

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| Amenity                              | Available | Comments |
|--------------------------------------|-----------|----------|
| Cable (television)                   | x         |          |
| Pets allowed                         |           |          |
| Pet care; specify in comments        |           |          |
| Pool                                 |           |          |
| Whirlpool                            |           |          |
| Exercise Room                        |           |          |
| Library                              | x         |          |
| Activity Room                        | x         |          |
| Garden/outdoor spaces                | x         |          |
| Chapel                               |           |          |
| Private entertaining space           | x         |          |
| Communal Dining room                 | x         |          |
| Beauty/Barber Shop                   |           |          |
| Parking available for residents      | x         |          |
| Parking available for guests         | x         |          |
| Guest accommodations                 | x         |          |
| Laundry Room accessible to Residents | x         |          |
| Washer-Dryer in units                | x         |          |
| Central Air Conditioning             | x         |          |
| Fully sprinklered building           |           |          |

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| Amenity                                              | Available | Comments |
|------------------------------------------------------|-----------|----------|
| Designated smoking area inside (not apartment space) |           |          |
| Designated smoking area outside                      | x         |          |
| Other; specify:                                      |           |          |

## Additional Information

Sixty days before the facility plans to reduce or eliminate the availability of one or more services, the facility must provide written notice of the reduction. Refer to [144G.55 Subd. 1\(d\)](#) ([www.revisor.mn.gov/statutes/cite/144G.55](http://www.revisor.mn.gov/statutes/cite/144G.55)).

Residents may choose to obtain services from an outside service provider at their own cost. Residents may also obtain services from an outside service provider if the resident's assessed needs exceed the scope of services the facility can provide as agreed upon in the contract and are not included in the checklist. If this occurs and the resident is not able to obtain services from an outside service provider, then the facility may require the resident move to another facility or care setting that is able to meet the resident's needs. In the event this occurs, the facility will assist in a coordinated move of the resident to a safe and appropriate location.

Prospective Residents need to call the Senior LinkAge Line to discuss their housing options before signing a contract with a licensed assisted living facility. The Senior LinkAge Line is available Monday through Friday from 8am to 4:30pm at 1-800-333-2433.

You can get further information, at no cost, about advocacy or care options from:

- [Office of Ombudsman for Long Term Care \(https://mn.gov/board-on-aging/direct-services/ombudsman/\)](https://mn.gov/board-on-aging/direct-services/ombudsman/); 1-800-657-3591
- [Office of Ombudsman for Mental Health and Developmental Disabilities \(https://mn.gov/omhdd/\)](https://mn.gov/omhdd/); 1-800-657-3506
- Minnesota Directory for community resources: [www.MinnesotaHelp.Info](http://www.MinnesotaHelp.Info)
- [Minnesota Senior LinkAge Line \(www.seniorlinkageline.com/\)](http://www.seniorlinkageline.com/); 1-800-333-2433

(Optional) By signing below, I acknowledge that I have reviewed this document.  
This is NOT a contract to receive services.

Received Date

Individual or Legal/Designated Representative